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DATE:

9/17/15

NAME: SOMI INVESTMENTS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### **COVER LETTER**

Division of Corp	
SOMI INVE	ESTMENTS LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:
	Sergio Meirelles
	Name of Person
	Private Advising Group, P.A.
	Firm/Company
	600 Brickell Avenue, Suite 1725
	Address
	Miami, FL 33131
	City/State and Zip Code
	sergio@private-advising.com  E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Sergio Meirelles	786 292-1599 at ()
Name of	
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOMI INVESTMENTS LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{8}{2}$	and assigned
Florida document number L15000138529	· ·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>iere</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICI	<u> </u>	<u> </u>
		<u>&gt;2                                </u>
		ASA PI
B. If amending the registered agent and		n our records, enter the tame of the
registered agent and/or the new registered	office address here:	STA AN
		<u> </u>
Name of New Registered Agent:	Jackson Hwu	
New Registered Office Address:	7425 SW 56TH AVE	5
FIGURE STATE OF THE STATE OF TH	Enter Flo	orida street address
	MIAMI	, Florida <sup>33143</sup>
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DONALD D. MURPHY SR.	7425 SW 56TH AVE	
		MIAMI, FL 33143	■ Remove
			☐ Change
AMBR	Jackson Hwu	7425 SW 56TH AVE	₩ Add
		MIAMI, FL 33143	□ Remove
			☐ Change
AMBR	Donald Lawrence Murphy, Jr.	7425 SW 56TH AVE	
		MIAMI, FL 33143	Remove
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Effective date, if other than	the data of filings			(ontland	-	
	must be specific and cr	unnot be prior to d	ate of filing or more	than 90 days after fili	ng.) Pursuant to 605	.0207 (3)
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Filing Fee: \$25.00